

Total paid: \$ (office use only)
Receipt number: (office use only)



Virginia Alcoholic Beverage  
Control Authority

Agent: (office use only)
Record number: (office use only)

www.abc.virginia.gov/licenses | 804.213.4400 | 7450 Freight Way • Mechanicsville VA 23116 | PO Box 3250 • Mechanicsville VA 23116

## ONE TIME SALE PERMIT APPLICATION

### A. INSTRUCTIONS

1. Print legibly in black ink.
2. Read thoroughly and complete all applicable sections.
  - *Current Licensee:* Complete Sections B–C, G–I
  - *Organization:* Complete Sections B, D–E, G–I
  - *Individual:* Complete Sections B, F–I
3. Mail the following items to the address below:
  - *Completed application*
  - All required documents
  - *Nonrefundable application fee of \$50*

**Virginia Alcoholic Beverage Control Authority**  
**License Records Management**  
**PO Box 3250**  
**Mechanicsville, VA 23116**

### B. BUSINESS LOCATION

1. Facility Establishment Name: (if applicable) \_\_\_\_\_
2. Address: (street) \_\_\_\_\_  
 (city/town) \_\_\_\_\_ (state) \_\_\_\_\_  
 (zip + 4) \_\_\_\_\_

### C. LICENSED PROFESSIONAL (CURRENT LICENSEE)

**DIRECTIONS:** Either *Section C-Current License* or *Section D-Permitee* is required.

1. Facility Establishment Name/Trade Name: \_\_\_\_\_
2. Existing License Number: \_\_\_\_\_
3. Primary Phone Number: \_\_\_\_\_
4. Address: (street) \_\_\_\_\_  
 (city/town) \_\_\_\_\_ (state) \_\_\_\_\_  
 (zip + 4) \_\_\_\_\_

### D. PERMITEE-ORGANIZATION

**DIRECTIONS:** If the organization is applying directly for a license then Section E is required to be completed with an associated individual's contact information.

1. Facility Establishment Name/Trade Name: \_\_\_\_\_
2. Primary Phone Number: \_\_\_\_\_
3. Address: (street) \_\_\_\_\_  
 (city/town) \_\_\_\_\_ (state) \_\_\_\_\_  
 (zip + 4) \_\_\_\_\_

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### E. ASSOCIATED INDIVIDUAL

1. Individual First Name and Last Name: \_\_\_\_\_
2. Preferred method of contact: ☐ Phone ☐ Email ☐ Postal Mail
3. Primary Phone Number: \_\_\_\_\_
4. Email Address: \_\_\_\_\_

### F. PERMITEE-INDIVIDUAL

1. First Name, Last Name: \_\_\_\_\_
2. Primary Phone Number: \_\_\_\_\_
3. Address: (street) \_\_\_\_\_  
(city/town) \_\_\_\_\_ (state) \_\_\_\_\_  
(zip + 4) \_\_\_\_\_

### G. SALES INFORMATION

**DIRECTIONS:** Question 1 is required. All other questions should be answered if the applicant has the information available.

1. \*Describe the purpose of the one time sale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. If known, provide the date of auction or sale: \_\_\_\_\_
3. Sale Type: ☐ Auction ☐ Estate ☐ Judicial Auction ☐ Lien/Liquidation ☐ Other
4. Is the buyer located in the state of Virginia or outside of it? ☐ In Virginia ☐ Outside of Virginia
5. Buyer Name: \_\_\_\_\_
6. State of Licensure: \_\_\_\_\_

### H. APPLICANT'S SIGNATURE

I swear or affirm under penalty of law that the information on this application and all the attachments are true and accurate. I understand that falsification and/or misrepresentation of information may result in refusal of the license(s) and/or criminal charges.

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_  
Print name: \_\_\_\_\_ Title: \_\_\_\_\_

### I. REQUIRED DOCUMENTS

**DIRECTIONS:** Provide officials with the following required documents at time of submittal.

1. Court Order
2. Death Certificate
3. Inventory